### Case 23-10647-mdc Doc 12 Filed 04/18/23 Entered 04/18/23 13:39:34 Desc Main Document Page 1 of 45

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	255,389.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	17,391.59
	1c. Copy line 63, Total of all property on Schedule A/B	\$	272,780.5
ar	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	186,309.0
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	158,373.2
	Your total liabilities	\$	344,682.20
Par	t 3: Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,538.0
i.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,168.0
Par	t 4: Answer These Questions for Administrative and Statistical Records		
<b>S</b> .	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	r other scl	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Lisa Tranausky Case number (if known) 23-10647

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_\_9,857.93

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	115,300.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total</b> . Add lines 9a through 9f.	\$	115,300.00

### Eilad 04/18/23

Casi	23-10047-111	IUC DUC 12		cument	Page 3 of 45	J4/10/23	13.39.3	14 D	esc main
Fill in this info	rmation to identify	your case and th			r ago o or ro				
Debtor 1	Lisa Tranaus			<u>-</u>					
Debtor 1	First Name		Name		Last Name		-		
Debtor 2 (Spouse, if filing)	First Name	Middle	Name		Last Name		_		
				ICT OF DEN					
United States E	Bankruptcy Court for	tne: EASTERN	ואופוט	CT OF PEN	NSYLVANIA		_		
Case number	23-10647				_				Check if this is an amended filing
Schedun each category think it fits best.	Be as complete and a ore space is needed, a	roperty escribe items. List a	e. If two	married peop	f an asset fits in more tha ole are filing together, bo the top of any additional	th are equally	responsible	for supp	lying correct
		الم مع المسالية	har Daal	L Fatata Va.: 6	Own or Have an Interest I	_			
1.1 <b>3736 De</b>	art 2.  e is the property?  vonshire Place  is, if available, or other des	cription	What	Single-family Duplex or m Condominiu	ulti-unit building	the a	mount of any	secured c	s or exemptions. Put laims on <i>Schedule D:</i> Secured by Property.
Bensale	m PA	19020-0000			ed or mobile home		ent value of the		Current value of the
City	State	ZIP Code		Land Investment	property	entire	e property? \$255,389		oortion you own? \$255.389.00
			Uho	Other	est in the property? Check	one (such	ribe the natu	re of you le, tenand own.	r ownership interest cy by the entireties, or eties
Bucks				Debtor 2 on	ly				
County				200101 1 411	d Debtor 2 only		Check if this	is comm	unity property
			Othe		of the debtors and another you wish to add about the	· ·	(see instructions	)	
					tion number:	iis iteiii, sucii	as local		
			FM\	/ \$319,237	less administrative	fees if pro	perty wer	e liquid	lated.
					s from Part 1, including				\$255,389.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 23-10647-mdc Doc 12 Filed 04/18/23 Entered 04/18/23 13:39:34 Desc Main Page 4 of 45 Document Debtor 1 Lisa Tranausky Case number (if known) 23-10647 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes **Toyota** Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Corolla ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2015 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$9,350.00 \$9,350.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$9,350.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Household Furniture, Appliances, Electronics, & Misc. Items. \$4,250,00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe.....

10. Firearms

No

☐ Yes. Describe.....

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

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Debtor 1	Lisa Tranausk	У		(	Case number (if known)	23-10647
11. Clothe	ne -					
		nes, fur	s, leather coats, des	signer wear, shoes, accessories		
□ No	, , ,	,	,	. 3		
Yes.	Describe					
	200020					
		Clothi	ng, shoes			\$650.00
12. <b>Jewel</b> ı						
Exam <sub>i</sub> □ No	ples: Everyday jewe	elry, cos	stume jeweiry, enga	gement rings, wedding rings, heirloom jev	veiry, watches, gems, g	gold, silver
	Describe					
■ Yes.	Describe					
	,	Jewel	ту			\$1,250.00
			-			
13. Non-fa	arm animals					
Exam	ples: Dogs, cats, bir	ds, hor	ses			
☐ No						
Yes.	Describe					
	_					
		2 dogs	<b>S</b>			\$150.00
				art 3, including any entries for pages y	ou have attached	\$6,300.00
Part 4: De	escribe Your Financia	I Asset	s			
Do you ov	wn or have any leg	al or e	quitable interest ir	any of the following?		Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.
10 <b>C</b> h						
16. Cash Exam	ples: Money you ha	ve in v	our wallet, in your h	ome, in a safe deposit box, and on hand w	vhen vou file vour petiti	on
■ No	,, ,	, .		,	, ,	
	its of money	inge o	other financial acc	ounts; certificates of deposit; shares in cre	adit unione brokerage	houses and other similar
LxaIII				s with the same institution, list each.	dit dilloris, brokerage i	nouses, and other similar
☐ No		,		, , , , , , , , , , , , , , , , , , , ,		
■ Yes.				Institution name:		
		17.1.	Checking	Police & Fire Federal Credit	Union	\$1,720.16
			01 11	American Heritage Federal (	Swadit I Inian	¢24_42
		17.2.	Checking	American Heritage Federal C	realt Union	\$21.43
	s, mutual funds, or					
	<i>ples:</i> Bond funds, in	vestme	ent accounts with br	okerage firms, money market accounts		
■ No						
Yes.			Institution or issuer	name:		

Official Form 106A/B Schedule A/B: Property page 3

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De	btor 1	Lisa Tranaus	ky		Case number (if known)	23-10647
19.	•	ublicly traded sto venture	ck and interests in incorp	porated and unincorporated busin	nesses, including an interest	in an LLC, partnership, and
	No					
l	□ Yes.	Give specific info	rmation about them Name of entity:		% of ownership:	
	Negoti	iable instruments i	nclude personal checks, ca	otiable and non-negotiable instrustionshiers' checks, promissory notes, a ransfer to someone by signing or de	and money orders.	
l	□ Yes.	Give specific infor	mation about them Issuer name:			
		ment or pension a ples: Interests in IF		403(b), thrift savings accounts, or c	other pension or profit-sharing p	ans
		List each account	separately. Type of account:	Institution name:		
	Your s Examp		deposits you have made se	to that you may continue service or , public utilities (electric, gas, water		es, or others
	■ No □ Yes.			Institution name or individu	al:	
		ies (A contract for	a periodic payment of mon	ney to you, either for life or for a nur	nber of years)	
	■ No □ Yes	lss	uer name and description.			
	26 U.S.	ts in an education C. §§ 530(b)(1), 53	n <b>IRA, in an account in a c</b> 29A(b), and 529(b)(1).	qualified ABLE program, or unde	r a qualified state tuition prog	ıram.
	■ No □ Yes	Ins	titution name and descriptio	on. Separately file the records of an	y interests.11 U.S.C. § 521(c):	
		, equitable or futu	ure interests in property (	other than anything listed in line	1), and rights or powers exer	cisable for your benefit
	■ No □ Yes.	Give specific info	rmation about them			
				and other intellectual property eds from royalties and licensing ag	reements	
		Give specific info	rmation about them			
	Examµ ■ No	ples: Building perm	nd other general intangible nits, exclusive licenses, coormation about them	les operative association holdings, liquo	or licenses, professional license	S
		property owed to				Current value of the
IVIC	niey oi	property owed to	, you :			Current value of the portion you own?  Do not deduct secured claims or exemptions.
	Tax ref ■ No	funds owed to yo	u			
ļ	□ Yes.	Give specific infor	mation about them, including	ng whether you already filed the ret	urns and the tax years	_
	Exam <sub>l</sub> ■ No	support  bles: Past due or lu	, , ,	support, child support, maintenance	e, divorce settlement, property s	ettlement

Deb	otor 1	Lisa Tranausky		Case number (if known)	23-10647
				benefits, sick pay, vacation pay, workers' comper	sation, Social Security
	_	Give specific information	on		
_	Exam	sts in insurance policion bles: Health, disability, o		ınt (HSA); credit, homeowner's, or renter's insuran	ce
	No				
L	J Yes.		ompany of each policy and list its valu Company name:	e. Beneficiary:	Surrender or refund value:
	If you		is due you from someone who has living trust, expect proceeds from a life	s died re insurance policy, or are currently entitled to rece	eive property because
	☐ Yes.	Give specific information	on		
			, whether or not you have filed a law ment disputes, insurance claims, or ri	vsuit or made a demand for payment ghts to sue	
	_	Describe each claim			
_	_	contingent and unliqu	idated claims of every nature, inclu	ding counterclaims of the debtor and rights to	set off claims
_	■ No □ Yes.	Describe each claim			
35.	Any fir	nancial assets you did	l not already list		
	No	Give specific information	•		
36.				g any entries for pages you have attached	\$1,741.59
Part	5: De	scribe Any Business-Rel	lated Property You Own or Have an Inter	est In. List any real estate in Part 1.	
_			equitable interest in any business-relate	ed property?	
_		o to Part 6. Go to line 38.			
	. 100. 0	50 to line 60.			
Part			ommercial Fishing-Related Property You t in farmland, list it in Part 1.	Own or Have an Interest In.	
46.		u own or have any lega Go to Part 7.	al or equitable interest in any farm-	or commercial fishing-related property?	
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property	You Own or Have an Interest in That You	ı Did Not List Above	
_	Exam		of any kind you did not already list untry club membership	?	
	■ No □ Yes.	Give specific information	on		
54.	Add t	the dollar value of all o	of your entries from Part 7. Write th	at number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) 23-10647 Debtor 1 Lisa Tranausky List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$255,389.00 Part 2: Total vehicles, line 5 \$9,350.00 57. Part 3: Total personal and household items, line 15 \$6,300.00 Part 4: Total financial assets, line 36 \$1,741.59 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$17,391.59 Copy personal property total \$17,391.59 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$272,780.59

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this infor	mation to identify your	case:		
Debtor 1	Lisa Tranausky			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F PENNSYLVANIA	
Case number	23-10647			
(if known)				Check if this is an
				amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1. <b>Wh</b>	ch set of exemptions	are you claiming	? Check one only,	, even if yo	our spouse is fil	ing with	you.
--------------	----------------------	------------------	-------------------	--------------	-------------------	----------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
	Copy the value from Check only one box for each exemption. Schedule A/B			
3736 Devonshire Place Bensalem, PA 19020 Bucks County	\$255,389.00		\$87,851.00	11 U.S.C. § 522(b)(3)(B)
FMV \$319,237 less administrative fees if property were liquidated. Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit	
2015 Toyota Corolla Line from Schedule A/B: 3.1	\$9,350.00		\$0.00	11 U.S.C. § 522(b)(3)(B)
Ellie Holli Garedale 745. 3.1			100% of fair market value, up to any applicable statutory limit	
Household Furniture, Appliances, Electronics, & Misc. Items.	\$4,250.00		\$4,250.00	11 U.S.C. § 522(b)(3)(B)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Clothing, shoes Line from Schedule A/B: 11.1	\$650.00		\$650.00	11 U.S.C. § 522(b)(3)(B)
Line Holli Govedale 775.			100% of fair market value, up to any applicable statutory limit	
Jewelry Line from Schedule A/B: 12.1	\$1,250.00		\$1,250.00	11 U.S.C. § 522(b)(3)(B)
Line nom Soriedale A/D. 12.1			100% of fair market value, up to any applicable statutory limit	

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Deptor	1 Lisa i ranausky			Case number (if known)	23-10647	
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	dogs ne from <i>Schedule A/B</i> : <b>13.1</b>	\$150.00		\$150.00	11 U.S.C. § 522(b)(3)(B)	
LII	ne nom <i>Schedule A/B</i> . 13.1			100% of fair market value, up to any applicable statutory limit		
	hecking: Police & Fire Federal redit Union	\$1,720.16		\$1,720.16	11 U.S.C. § 522(b)(3)(B)	
_	ne from <i>Schedule A/B</i> : <b>17.1</b>			100% of fair market value, up to any applicable statutory limit		
	hecking: American Heritage Federal redit Union	\$21.43		\$21.43	11 U.S.C. § 522(b)(3)(B)	
_	ne from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit		
	re you claiming a homestead exemption of subject to adjustment on 4/01/25 and every 3 No  Yes. Did you acquire the property covere  No  Yes	years after that for ca	ases fi	,	,	

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		Document Pa	age 11	of 45		
Fill in this info	ormation to identify you	r case:				
Debtor 1	Lisa Tranausky					
	First Name	Middle Name La	st Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name La	st Name			
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSY	LVANIA			
Case number	23-10647					
(if known)						if this is an
					ameno	led filing
Official Fo	rm 106D					
		Who Have Claims Se	cured	hy Propert	V	12/15
Scriedar	e D. Creditors	Willo Have Claims Se	cureu	by i ropert	у	12/13
		f two married people are filing together, b out, number the entries, and attach it to th				
number (if know		art, number the entries, and attach it to the		and top or any addition	nai pagoo, wiito your nai	no una caco
1. Do any credito	ors have claims secured by	your property?				
☐ No. Che	eck this box and submit th	nis form to the court with your other sch	edules. Yo	u have nothing else t	o report on this form.	
Yes. Fil	I in all of the information b	pelow.				
Part 1: List	All Secured Claims					
2. List all secur	ed claims. If a creditor has m	nore than one secured claim, list the creditor	separately	Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. As all order according to the creditor's name.		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
·		C		value of collateral.	claim	If any
2.1 Midland	Mortgage Co	Describe the property that secures the c		\$167,538.00	\$255,389.00	\$0.00
Ordanor o re	ano	3736 Devonshire Place Bensale PA 19020 Bucks County	∍m,			
Attn: C	ustomer	FMV \$319,237 less administrati	ve			
	/Bankruptcy	fees if property were liquidated				
Po Box	26648	As of the date you file, the claim is: Chec apply.	k all that			
Oklaho	ma City, OK 73216	Contingent				
Number, Sti	reet, City, State & Zip Code	☐ Unliquidated				
		Disputed				
Who owes the	debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortgage or secured car loan)				
Debtor 2 only						
Debtor 1 and	•	☐ Statutory lien (such as tax lien, mechan	nic's lien)			
_	of the debtors and another	Judgment lien from a lawsuit				
Check if this community	s claim relates to a debt	Other (including a right to offset)				

Opened 05/15 Last Active

Date debt was incurred 3/31/22

Last 4 digits of account number

7708

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Debtor 1 Lisa Tranausky	Case number (if known)	23-10647		
First Name Middle N	ame Last Name			
2.2 One Main Financial	Describe the property that secures the claim:	\$18,771.00	\$9,350.00	\$9,421.00
Creditor's Name	2015 Toyota Corolla			
PO Box 740594 Cincinnati, OH 45274  Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.  ■ Debtor 1 only □ Debtor 2 only	Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
•	Column A on this page. Write that number here:	\$186,309	.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$186,309	.00	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, an t you listed in Part 1, list the additional creditors I nis page.	d then list the collection age	ncy here. Similarly, if yo	u have more
Name, Number, Street, City, State & Midland Mortgage Co Pob 268959 Oklahoma City, OK 73126		which line in Part 1 did you ente	er the creditor? _2.1	

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		Document	Page 13	3 of 45		
Fill in this inf	ormation to identify your	case:				
Debtor 1	Lisa Tranausky					
20210	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF PE	ENNSYLVANIA			
Case number	23-10647					
(if known)	23-100-1				☐ Ch	eck if this is an
					am	nended filing
00000	400E/E					
	orm 106E/F					40445
		ho Have Unsecure Part 1 for creditors with PRIOR				12/15
Schedule G: Exe Schedule D: Cre left. Attach the (	ecutory Contracts and Unexpections Who Have Claims Sec	that could result in a claim. Also ired Leases (Official Form 106G) ured by Property. If more space in the light in the li	. Do not include is needed, copy	any creditors with partial the Part you need, fill it o	ly secured claims to ut, number the entr	hat are listed in ies in the
	t All of Your PRIORITY Un					
_ `	ditors have priority unsecure	d claims against you?				
No. Go	to Part 2.					
☐ Yes.						
Part 2: Lis	t All of Your NONPRIORIT	Y Unsecured Claims				
	ditors have nonpriority unsec					
_ `		art. Submit this form to the court wi	ith your other sch	adulas		
_	Thave flotting to report in this p	art. Submit this form to the court wi	iui your ouier sone	suules.		
Yes.						
unsecured	claim, list the creditor separately	aims in the alphabetical order of y for each claim. For each claim list ist the other creditors in Part 3.If yo	ted, identify what t	ype of claim it is. Do not list	t claims already inclu	ided in Part 1. If more
						Total claim
4.1 <b>AR R</b>	Resources, Inc.	Last 4 digits of a	ccount number	7347		\$629.00
•	ority Creditor's Name				_	· · · · · · · · · · · · · · · · · · ·
	Bankruptcy ox 1056	When was the de	ebt incurred?	Opened 01/20		
	Bell, PA 19422					
Numbe	er Street City State Zip Code	As of the date yo	ou file, the claim i	s: Check all that apply		
Who in	ncurred the debt? Check one.					
Del	btor 1 only	☐ Contingent				
☐ Del	btor 2 only	☐ Unliquidated				
☐ Del	btor 1 and Debtor 2 only	☐ Disputed				
☐ At I	least one of the debtors and and	_	ORITY unsecured	d claim:		
	eck if this claim is for a com					
debt Is the	claim subject to offset?	☐ Obligations ari report as priority c		ration agreement or divorce	e that you did not	
■ No	-			g plans, and other similar d	lebts	
☐ Yes				Attorney Gastroente		
<b>–</b> 163	ن	Utner Specify		Justicellite	ulugiota Eta	

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1 Lisa Tranausky Case number (if known) 23-10647

Deptor	1 Lisa Iranausky		Case number (if known) 23-10647	
4.2	Capital One	Last 4 digits of account number	2187	\$6,467.00
	Nonpriority Creditor's Name Po Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Opened 07/10 Last Active 4/09/22	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	Other. Specify Credit Care		
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	1222	\$407.00
	Po Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Opened 11/17 Last Active 5/13/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharir	a plane, and other similar debte	
	■ No □ Yes	Other. Specify Credit Card		
4.4	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	2455	\$367.00
	Attn: Bankruptcy P.O. 15298	When was the debt incurred?	Opened 11/17 Last Active 05/22	
	Wilmington, DE 19850  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify Credit Care	1	

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1 Lisa Tranausky Case number (if known) 23-10647

Depto	Lisa Iranausky		Case number (if known) 23-10647	
4.5	Comenity Bk/Ulta	Last 4 digits of account number	5686	\$552.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125	When was the debt incurred?	Opened 2/21/20 Last Active 05/22	
	Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separations.	d claim:	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing	· ,	
	Yes	Other. Specify Charge Acc		
4.6	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	1038	\$1,299.00
	Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 08/17 Last Active 05/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another	Student loans	u Claiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	1	
4.7	Critical Care Physicians of PA PC Nonpriority Creditor's Name PO Box 743522	Last 4 digits of account number When was the debt incurred?	DP34	\$61.26
	Los Angeles, CA 90074  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?  ■	report as priority claims  Debts to pension or profit-sharir	a plane and other similar 4-bt-	
	■ No			
	☐ Yes	Other Specify Medical bil		

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1 Lisa Tranausky Case number (if known) 23-10647

Debto	Lisa Tranausky		Case number (if known) 23-10647	
4.8	Discover Financial	Last 4 digits of account number	5863	\$879.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 11/17 Last Active 5/08/22	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d alater.	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharing	o plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card		
4.9	Genesis Credit/Celtic Bank Nonpriority Creditor's Name	Last 4 digits of account number	0591	\$76.00
	Attn: Bankruptcy Po Box 4477	When was the debt incurred?	Opened 10/20 Last Active 05/22	
	Beaverton, OR 97076  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Genesis FS Card Services  Nonpriority Creditor's Name	Last 4 digits of account number	8592	\$70.00
	Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076	When was the debt incurred?	Opened 01/18 Last Active 05/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	u Gianni:	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?		aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other, Specify Credit Card		
	<b>—</b> 100	- Uner Specify Cidate Care	-	

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1 Lisa Transusky Case number (if known) 23-10647

Debtor	1 Lisa Tranausky		Case number (if known)	23-10647	
4.1	Household Finance Co/OneMain Financial	Last 4 digits of account number	4426		\$18,771.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3251 Evansville, IN 47731	When was the debt incurred?	Opened 11/21 La 4/12/22	ast Active	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divo	rce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Secured	ng plans, and other simila	r debts	
		. , ,			
4.1 2	Mayo Clinic  Nonpriority Creditor's Name	Last 4 digits of account number	3022		\$3,029.23
	200 First Street SW Rochester, MN 55905	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divo	rce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other simila	r debts	
	Yes	Other. Specify Medical bill			
4.1 3	Medical Business Bureau	Last 4 digits of account number	1937		\$349.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1460 Renaissance Drive Suite 400 Park Ridge, IL 60068	When was the debt incurred?	Opened 01/22 L 08/21	ast Active	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing	ng plans, and other simila	r debts	
	☐Yes	Collection Other. Specify Group P.	Attorney Middleto	wn Anesthesia	

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1 Lisa Tranausky Case number (if known) 23-10647

Lisa Iranausky		Case number (if known) 23-10647	
Quest Diagnostics	Last 4 digits of account number	D110	\$567.71
Nonpriority Creditor's Name PO Box 740775	When was the debt incurred?		
Cincinnati, OH 45274-0775  Number Street City State Zip Code	As of the date you file, the claim	s. Check all that apply	
Who incurred the debt? Check one.	no or the date you me, the claim	o. Oncor an that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	$\square$ Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Medical bil	<u> </u>	
Radiology Affialites Imaging	Last 4 digits of account number	7337	\$540.00
Nonpriority Creditor's Name Radiology Affiliates of Central NJ PC	When was the debt incurred?		·
PO Box 786327 Philadelphia, PA 19178-6327 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Medical bil	<u> </u>	
SaVit Collection Agency	Local A digita of account number	5604	\$247.00
Nonpriority Creditor's Name	Last 4 digits of account number		ΨΣ-11.00
Attn: Bankruptcy Po Box 250	When was the debt incurred?	Opened 03/21 Last Active 08/20	
East Brunswick, NJ 08816  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other Specify Medical De		
L 169	( )ther Specify   VICUICAL DE	ML	

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Debtor 1 Lisa Transusky Case number (if known) 23-10647

Debt	or 1 Lisa Tranausky		Case number (if known) 23-10647	
4.1 7	SaVit Collection Agency	Last 4 digits of account number	8842	\$246.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 250	When was the debt incurred?	Opened 03/21 Last Active 07/20	
	East Brunswick, NJ 08816  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Toxicology	Attorney Lehigh Valley Llc	
4.1 8	SaVit Collection Agency Nonpriority Creditor's Name	Last 4 digits of account number	8261	\$246.00
	Attn: Bankruptcy Po Box 250	When was the debt incurred?	Opened 03/21 Last Active 07/20	
	East Brunswick, NJ 08816  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	_	Пол		
	■ Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	l claim:	
	At least one of the debtors and another	☐ Student loans	. Oldini.	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Collection Toxicology	Attorney Lehigh Valley Llc	
4.1 9	SaVit Collection Agency  Nonpriority Creditor's Name	Last 4 digits of account number		\$200.00
	Po Box 250 East Brunswick, NJ 08816	When was the debt incurred?	Opened 03/21 Last Active 01/21	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical De	bt	

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Debtor	1 Lisa Tranausky		Case number (if known) 23-10647	
4.2	SaVit Collection Agency	Last 4 digits of account number	5606	\$200.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 250	When was the debt incurred?	Opened 03/21 Last Active 01/21	
	East Brunswick, NJ 08816  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical De	bt	
4.2	SaVit Collection Agency	Last 4 digits of account number	5605	\$200.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 250	When was the debt incurred?	Opened 03/21 Last Active 11/20	
	East Brunswick, NJ 08816  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical De	bt	
4.2	SaVit Collection Agency Nonpriority Creditor's Name	Last 4 digits of account number	8262	\$200.00
	Attn: Bankruptcy Po Box 250 East Brunswick, NJ 08816	When was the debt incurred?	Opened 03/21 Last Active 10/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Collection A	Attorney Lehigh Valley	

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Debtor	1 Lisa Tranausky		Case number (if known) 23-10647		
4.2	SaVit Collection Agency	Last 4 digits of account number	8264	\$200.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 250 East Brunswick, NJ 08816	When was the debt incurred?	Opened 03/21 Last Active 12/20		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify  Collection Toxicology	Attorney Lehigh Valley Llc		
4.2	SaVit Collection Agency	Last 4 digits of account number	8263	\$200.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 250 Fact Prunowick N.I. 08846	When was the debt incurred?	Opened 03/21 Last Active 12/20		
	East Brunswick, NJ 08816  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	■ Other. Specify Collection Toxicology	Attorney Lehigh Valley Llc		
4.2 5	Sunrise Credit Services, Inc.	Last 4 digits of account number	9255	\$415.00	
	Nonpriority Creditor's Name Attn: Bankruptcy		Opened 08/21 Last Active		
	260 Airport Plaza Farmingdale, NY 11735	When was the debt incurred?	07/21		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	agreement of diverse that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Collection	Attorney Comcast		

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Debtor 1 Lisa Transusky Case number (if known) 23-10647

Debto	Lisa Tranausky		Case number (if known) 23-10647			
4.2	Synchrony Bank/Care Credit	Last 4 digits of account number	3523	\$854.00		
6	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965064	When was the debt incurred?	Opened 08/16 Last Active 05/22	Ψ004100		
	Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Charge Acc	count			
4.2	Upgrade, Inc.	Last 4 digits of account number	1761	\$5,801.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 275 Battery Street 23rd Floor San Francisco, CA 94111	When was the debt incurred?	Opened 09/20 Last Active 1/30/21			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify Unsecured				
4.2	USDOE/GLELSI	Last 4 digits of account number	8581	\$65,865.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 09/14 Last Active 4/01/22			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	■ Student loans	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	ration agreement of divolce that you did flot			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
		· · · .				

**Educational** 

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Case number (if known) Debtor 1 Lisa Tranausky 23-10647 4.2 **USDOE/GLELSI** 8581 \$49,435.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 01/16 Last Active Attn: Bankruptcy Po Box 7860 When was the debt incurred? 4/01/22 Madison, WI 53707 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community deht ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Educational** Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AR Resources, Inc. Line **4.1** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Pob 1056 ■ Part 2: Creditors with Nonpriority Unsecured Claims Blue Bell, PA 19422 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Chase Card Services** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 15369 Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19850 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Comenity Bk/Ulta ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 182120 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43218 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Credit One Bank Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 98872 Part 2: Creditors with Nonpriority Unsecured Claims Las Vegas, NV 89193 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Discover Financial** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 30939 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Genesis Credit/Celtic Bank Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 4499 ■ Part 2: Creditors with Nonpriority Unsecured Claims Beaverton, OR 97076 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Genesis FS Card Services** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 4499 Part 2: Creditors with Nonpriority Unsecured Claims Beaverton, OR 97076

Last 4 digits of account number

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Debtor 1 Lisa Tranausky		Case number (if known)	23-10647
Name and Address Household Finance Co/OneMain Financial Po Box 1010 Evansville, IN 47706	On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one):	you list the original creditor?  ☐ Part 1: Creditors with Priori ☐ Part 2: Creditors with Nonp	
,	Last 4 digits of account number		
Name and Address Medical Business Bureau 1460 Renaissance Drive Park Ridge, IL 60068	On which entry in Part 1 or Part 2 did y Line 4.13 of (Check one):	vou list the original creditor? ☐ Part 1: Creditors with Priori ☐ Part 2: Creditors with Nonp	
· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number		
Name and Address SaVit Collection Agency Po Box 250	On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one):	rou list the original creditor?  ☐ Part 1: Creditors with Priori  ☐ Part 2: Creditors with Nonp	
East Brunswick, NJ 08816	Last 4 digits of account number		
Name and Address SaVit Collection Agency Po Box 250	On which entry in Part 1 or Part 2 did y Line 4.17 of (Check one):	vou list the original creditor? ☐ Part 1: Creditors with Prior ☐ Part 2: Creditors with Nonp	•
East Brunswick, NJ 08816		Part 2: Creditors with Nonp	oriority Unsecured Claims
	Last 4 digits of account number		
Name and Address SaVit Collection Agency Po Box 250	On which entry in Part 1 or Part 2 did y Line <b>4.18</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Prior	
East Brunswick, NJ 08816		Part 2: Creditors with Nonp	priority Unsecured Claims
	Last 4 digits of account number		
Name and Address SaVit Collection Agency	On which entry in Part 1 or Part 2 did y Line 4.20 of (Check one):	ou list the original creditor? ☐ Part 1: Creditors with Priori	ity Unsecured Claims
Po Box 250 East Brunswick, NJ 08816		■ Part 2: Creditors with Nonp	priority Unsecured Claims
East Brunswick, NJ 00010	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
SaVit Collection Agency Po Box 250	Line 4.21 of (Check one):	Part 1: Creditors with Priori	
East Brunswick, NJ 08816	Last 4 digits of account number	— Fart 2. Creditors with Non-	monty onsecured dialins
	<del>_</del>		
Name and Address SaVit Collection Agency Po Box 250	On which entry in Part 1 or Part 2 did y Line <b>4.22</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priori	
East Brunswick, NJ 08816		Part 2: Creditors with Nonp	priority Unsecured Claims
•	Last 4 digits of account number		
Name and Address SaVit Collection Agency	On which entry in Part 1 or Part 2 did y Line 4.23 of (Check one):	/ou list the original creditor? ☐ Part 1: Creditors with Priori	ity Unsecured Claims
Po Box 250 East Brunswick, NJ 08816		Part 2: Creditors with Nonp	priority Unsecured Claims
Last Branowick, No 00010	Last 4 digits of account number		
Name and Address SaVit Collection Agency	On which entry in Part 1 or Part 2 did y Line 4.24 of (Check one):	ou list the original creditor?  Part 1: Creditors with Priori	ity Unsecured Claims
Po Box 250		Part 2: Creditors with Nonp	oriority Unsecured Claims
East Brunswick, NJ 08816	Last 4 digits of account number		
Name and Address		you list the original and item?	
Sunrise Credit Services, Inc.	On which entry in Part 1 or Part 2 did y Line <b>4.25</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priori	ity Unsecured Claims
260 Airport Plaza		■ Part 2: Creditors with Nonp	
Farmingdale, NY 11735	Last 4 digits of account number		
Name and Address		you liet the enight -1 dit0	
Name and Address Synchrony Bank/Care Credit C/o Po Box 965036	On which entry in Part 1 or Part 2 did y Line 4.26 of (Check one):	Part 1: Creditors with Priori	ity Unsecured Claims

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Debtor 1 Lisa Tranausky		Case number (if known) 23-10647  Part 2: Creditors with Nonpriority Unsecured Claims				
Orlando, FL 32896	Last 4 digits of account number					
Name and Address Upgrade, Inc. 2 North Central Ave, 10th Fir Phoenix, AZ 85004	On which entry in Part 1 or Part 2 d Line 4.27 of (Check one):	d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims				
•	Last 4 digits of account number					
Name and Address USDOE/GLELSI 2401 International Lane Madison, WI 53704	On which entry in Part 1 or Part 2 di Line <b>4.28</b> of ( <i>Check one</i> ):  Last 4 digits of account number	d you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims				
Name and Address USDOE/GLELSI 2401 International Lane Madison, WI 53704	On which entry in Part 1 or Part 2 di Line 4.29 of ( <i>Check one</i> ):  Last 4 digits of account number	d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims				

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim
6f.	Student loans	6f.	\$	115,300.00
6g.		6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	43,073.20
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	158,373.20
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	<ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul>	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d.	6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. \$  6g. \$  6h. Debts to pension or profit-sharing plans, and other similar debts  6i. Other. Add all other nonpriority unsecured claims. Write that amount here.  6s. \$  6c. \$  6d. \$  6c. \$  6d. \$  6e. \$  6f. \$  6f. \$  6f. \$  6g. \$  6h. \$  6h. \$  6f.

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Fill in this infor	mation to identify your	case:		
Debtor 1	Lisa Tranausky			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F PENNSYLVANIA	
Case number	23-10647			
(if known)				☐ Check if this is an amended filing

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	h whom you have the co er, Street, City, State and ZIP Coc	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
					_
	City		State	ZIP Code	
2.2					_
	Name				
					_
	Number	Street			
	-0"		Ot 1	710.0	_
2.3	City		State	ZIP Code	
2.3	Name				<u> </u>
	INAITIE				
					_
	Number	Street			
	City		State	ZIP Code	_
2.4	Oity		Olate	Zii Gode	
	Name				_
	Number	Street			_
	Number	Sileet			
	City		State	ZIP Code	_
2.5					
	Name				=
	Number	Street			_
	City		State	ZIP Code	_

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		Docume	ili Faye 27 Ol	43	
Fill in this	information to identify your	case:			
Debtor 1	Lisa Tranausky				
Dobto: 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT (	OF PENNSYLVANIA		
Case numb	per <b>23-10647</b>				
(if known)	20 10047				☐ Check if this is an
					amended filing
O((; - ; - 1	Г 400II				
	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
		<del></del>			
fill it out, ar your name	nd number the entries in the and case number (if known)	boxes on the left. Attac . Answer every question	h the Additional Page to 	this page. On the top of	ed, copy the Additional Page, any Additional Pages, write
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse a	as a codeptor.	
■ No □ Yes					
2 With	nin the last 8 years, have you	lived in a community n	ronarty state or territory	? (Community property sta	ates and territories include
	a, California, Idaho, Louisiana,				nes and territories include
_					
_	Go to line 3.				
⊔ Yes.	Did your spouse, former spou	use, or legal equivalent liv	e with you at the time?		
in line Form 1	2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make s	ure you have listed the co	th you. List the person shown reditor on Schedule D (Official edule E/F, or Schedule G to fill
	Column 1: Your codebtor			Column 2: The credito	or to whom you owe the debt
	lame, Number, Street, City, State and Z	P Code		Check all schedules the	
				_	
3.1	Name			Schedule D, line	
	vaine			☐ Schedule E/F, line	
_				☐ Schedule G, line _	
	Number Street	State	ZIP Code		
	City	State	ZIP Code		
				<b>D a b b c c c c c c c c c c</b>	
3.2	Name			Schedule D, line	
,				☐ Schedule E/F, line	
_				☐ Schedule G, line _ -	
	Number Street City	State	ZIP Code		
,	, , , , , , , , , , , , , , , , , , ,	Ciaic	Zii Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill	in this information to identify your ca	ase:							
Deb	otor 1 Lisa Tranau	sky							
	otor 2 nuse, if filing)				_				
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_				
	se number 23-10647				С	heck if this is:			
(lf kr	nown)				_	An amende	•		
								ng postpetition following date:	
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. the Describe Employment	r spouse is not filing w	ith you, do not includ	e inforr	nation ab	out your spo	use. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-f	filing spouse	
	If you have more than one job,	Employment status	■ Employed			■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not employed			
	employers.	Occupation	Quality Specialis	st		Mechan	ic		
	Include part-time, seasonal, or self-employed work.	Employer's name	St Mary Medical	Center	-	Carvana	<b>a</b>		
	Occupation may include student or homemaker, if it applies.	Employer's address							
	or nomemaker, in it applies.		Langhorne, PA			Delance	o, NJ		
		How long employed t	here?						
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	port for	any line, v	vrite \$0 in the	space. In	nclude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	employers	for that perso	n on the	lines below. If	you need
					For	Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly, or			2.	\$	5,531.00	\$	3,952.00	
3.	Estimate and list monthly overti	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	5,531.00	\$	3,952.00	

Debtor 1		Lisa Tranausky	_	Ca	se number (if known)	23-10647		
				F	or Debtor 1		Debtor 2 or	
	Cop	y line 4 here	4.	\$	5,531.00	\$	filing spouse 3,952.00	
5.	Liet	all payroll deductions:			· · ·		,	-
Э.	5a.		5a.	\$	2 406 00	\$	1 040 00	
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.		,	\$	1,049.00 0.00	_
	5c.	Voluntary contributions for retirement plans	5c.			\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.		0.00	\$	0.00	-
	5e.	Insurance	5e.			\$	0.00	-
	5f.	Domestic support obligations	5f.	\$		\$	0.00	-
	5g.	Union dues	5g.	\$		\$	0.00	=
	5h.	Other deductions. Specify:	5h	+ \$		+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,496.00	\$	1,049.00	-
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,035.00	\$	2,903.00	-
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	_
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8c. 8d.			\$ 	0.00	-
	8e.	Social Security	8e.	\$		\$	0.00	-
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	8f. 8g.	\$	0.00	\$ 	0.00	-
	8h.	Other monthly income. Specify: Support	8h	,		+ \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	— 9.	\$	600.00	\$	0.00	1
٠.			· .	<u></u>	000.00			
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	3	3,635.00 + \$	2,90	03.00 = \$	6,538.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						·
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not cify:	deper		. •		chedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$	
13.	Do	you expect an increase or decrease within the year after you file this form	?				monthl	y income
10.		No.  Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill	in this inf <u>orma</u>	tion to identify yo	our case:			1		
Deb		Lisa Tranaus					k if this is: An amended filing	
	tor 2 buse, if filing)						A supplement show	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF PENNS	SYLVANIA	1	MM / DD / YYYY	
	e number 23 nown)	3-10647						
Of	fficial Fo	rm 106J						
		J: Your						12/15
info	rmation. If m		eded, atta	. If two married people a nch another sheet to this n.				
Pari	t 1: Descr	ibe Your House	hold					
1.	■ No. Go to	line 2.	in a separ	ate household?				
	□N	0	•	ial Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Debte	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		18	□ No ■ Yes
	dependents	names.						■ Yes □ No
								☐ Yes ☐ No
								☐ Yes
								□No
3.	Do your eyr	enses include	_					☐ Yes
Э.	expenses of	f people other to d your depende	han 🦰	No Yes				
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless sy is filed. If this is a sup				
the		n assistance an		government assistance cluded it on Schedule I:			Your exp	enses
4.		or home owners		nses for your residence. or lot.	Include first mortgag	e 4. \$		1,225.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	4b. Prope	rty, homeowner's				4b. \$		0.00
				upkeep expenses		4c. \$		15.00
5.		owner's associat		aominium aues <b>our residence</b> , such as ho	ome equity loans	4d. \$ 5. \$		0.00

Deb	btor 1 Lisa Tranausky	Case number (if known)	23-10647
6.	Utilities:		
٥.	6a. Electricity, heat, natural gas	6a. \$	350.00
	6b. Water, sewer, garbage collection	6b. \$	165.00
	6c. Telephone, cell phone, Internet, satellite, and cable service	·	400.00
	6d. Other. Specify: Cable/Internet	6d. \$	200.00
7.	Food and housekeeping supplies	7. \$	700.00
7. 8.	Childcare and children's education costs	8. \$	
_		9. \$	0.00
9.	Clothing, laundry, and dry cleaning		250.00
10.		10. \$	250.00
	Medical and dental expenses	11. \$	710.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12. \$	500.00
12	Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, a		50.00
		13. \$	
14.		14. Φ	10.00
15.	<ul> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in l</li> </ul>	lines 4 or 20	
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	
		·	0.00
	15c. Vehicle insurance	15c. \$	243.00
4.0	15d. Other insurance. Specify:	15d. \$	0.00
16.	. Taxes. Do not include taxes deducted from your pay or included		0.00
	Specify:	16. \$	0.00
17.	Installment or lease payments:	47- 0	0.00
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that y		0.00
40	deducted from your pay on line 5, Schedule I, Your Income (		
19.	Other payments you make to support others who do not live	<u></u>	0.00
	Specify:	19.	
20.			0.00
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	. Other: Specify: Cigarettes	21. +\$	250.00
	Pet expenses	+\$	100.00
	Work clothes/expenses	+\$	40.00
	Lawncare/Security	+\$	40.00
	Husband's Court payment	 +\$	200.00
	Husband's Lease payment	+\$	470.00
22.	. Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	6,168.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from 0	Official Form 106J-2 \$	
	22c. Add line 22a and 22b. The result is your monthly expenses	. \$	6,168.00
			3,100100
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Sched		6,538.00
	23b. Copy your monthly expenses from line 22c above.	23b\$	6,168.00
	23c. Subtract your monthly expenses from your monthly income	e. 23c. \$	370.00
	The result is your <i>monthly net income</i> .	23c. \[\$	370.00
24	Do you expect an increase or decrease in your expenses with	thin the year after you file this form?	
<b>∠4</b> .	<ul> <li>Do you expect an increase or decrease in your expenses with For example, do you expect to finish paying for your car loan within the year</li> </ul>		rease or decrease because of a
	modification to the terms of your mortgage?	3. 30 you expost your mortgage payment to mo	. Sass of doorouse bookuse of a
	■ No.		
	Yes. Explain here:		

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Fill in this	information to identify your	case:			
Debtor 1	Lisa Tranausky				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	PENNSYLVANIA		
Case numb	er <b>23-10647</b>				
(if known)					☐ Check if this is an
					amended filing
o	- 4005				
Official F	Form 106Dec				
Decla	ration About a	an Individual	<b>Debtor's Scl</b>	hedules	12/15
lf two marri	ed people are filing togethe	r, both are equally respo	nsible for supplying corre	ect information.	
V	L. (b.) (	9 - b l t b - d - l		Maliforn a fallar atatan	
					nent, concealing property, or , or imprisonment for up to 20
	oth. 18 U.S.C. §§ 152, 1341, 1		a uptoy out of our roour in	oo up to 4200,000	, or imprisonment to: up to 20
	I				
	Sign Below				
Did yo	ou pay or agree to pay some	eone who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
<b>■</b> N	lo				
ΠΥ	es. Name of person			Attach Rankr	uptcy Petition Preparer's Notice,
· ·	es. Name of person				and Signature (Official Form 119)
				•	,
		4.41			
	penalty of perjury, I declare ey are true and correct.	that I have read the sum	mary and schedules filed	with this declaration	ı and
X lei	Lisa Tranausky		X		
	sa Tranausky		Signature of D	Debtor 2	
	gnature of Debtor 1		0.9.18.410 01 2	<b>-</b>	

Date April 18, 2023

Date \_\_\_\_

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Fill in	this inforr	nation to identify you	r case:			
Debtor		Lisa Tranausky				
Dobioi	•	First Name	Middle Name	Last Name		
Debtor		First Name	Middle Name	Lost Nama		
(Spouse		First Name	Middle Name	Last Name		
United	States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	PENNSYLVANIA		
Case r		23-10647			-	Check if this is an mended filing
State	ement	and accurate as possi		are filing together, both are	ankruptcy equally responsible for sup	
		n). Answer every que	•	uns form. On the top of any	, additional pages, write you	ir name and case
Part 1:			arital Status and Where You	Lived Before		
1. W	hat is you	r current marital statu	is?			
	Married Not ma	ried				
2. Du	ıring the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	No Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	:	
D	ebtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	No Yes. Ma	ike sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
Fil	I in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
■	No Yes. Fil	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	st calenda ary 1 to De	r year: cember 31, 2022)	■ Wages, commissions, bonuses, tips	\$116,464.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

page 1

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Debtor 1 Lisa Tranausky Case						ase number	e number ( <i>if known</i> ) <b>23-10647</b>			
					Debtor 1		Debto	r 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Source	es of inc		Gross income (before deductions and exclusions)
			dar year bef December 3		■ Wages, commissions, bonuses, tips	\$99,365.00	D □ Wag		imissions,	
					☐ Operating a business		□ Оре	erating a	business	
			dar year: December 3	31, 2020 )	■ Wages, commissions, bonuses, tips	\$117,189.00	<b>D</b> □ Wag		missions,	
					☐ Operating a business		□Оре	erating a	business	
	winr	nings. each s No	lf you are fili	ng a joint cas	pensions; rental income; intere e and you have income that y me from each source separat	ou received together, list	t only once	under De	ebtor 1.	a gambing and loudly
					<b>D</b> 14 4		D.1.			
					Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Descri	r 2 es of inc be below		Gross income (before deductions and exclusions)
Par	t 3:	List	Certain Pa	yments You	Made Before You Filed for E	Bankruptcy				
6.	Are □	No.	Neither De individual puring the No. Yes	ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below opaid that con not include o adjustment	s debts primarily consumer ebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, did ach creditor to whom you paid editor. Do not include payment payments to an attorney for the on 4/01/25 and every 3 years r both have primarily consumers.	mer debts. Consumer ded purpose."  If you pay any creditor a to did a total of \$7,575* or more tselection to discontinuous bankruptcy case.  If after that for cases filed of the purpose of the did a total of \$7,575* or more tselections.	otal of \$7,57 e in one or i ligations, su	75* or mo more pay uch as ch	re? /ments and th illd support and	ne total amount you nd alimony. Also, do
			During the  ■ No. □ Yes	Go to line 7 List below e include pay	re you filed for bankruptcy, did each creditor to whom you paid ments for domestic support of this bankruptcy case.	d a total of \$600 or more a	and the total	amount	you paid that	
	Cre	editor'	s Name and	I Address	Dates of paymer	nt Total amount paid	Amoui sti	nt you ill owe	Was this p	ayment for

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Debt	or 1	Lisa Tranausky		Cas	se number (if known)	23-10647		
( 6	<i>nside</i> of whi	n 1 year before you filed for bankrupters include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1	artners; relatives of any ger control, or owner of 20% of	neral partners; partners partners or more of their voting	erships of which you g securities; and ar	u are a genera ly managing a	al partner; corporations gent, including one fo	
I	<b>N</b>	No						
I	□ Y	es. List all payments to an insider.						
	Insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
i	nside	n 1 year before you filed for bankrupt er? le payments on debts guaranteed or cos		ments or transfer a	any property on ac	count of a de	ebt that benefited an	
ı		No						
[		Yes. List all payments to an insider						
	Insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment	
Part	4:	Identify Legal Actions, Repossession	ns. and Foreclosures	p.a.u.				
l r	_ist al modifi ■ N	n 1 year before you filed for bankrupt I such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.	cy, were you a party in ar cases, small claims action	ny lawsuit, court ac s, divorces, collectic	tion, or administra on suits, paternity ad	ative proceed ctions, support	ing? t or custody	
			Natura of the case	Court or aganov		Status of th	0.0000	
	Case Case	e number	Nature of the case	Court or agency		Status of th	e case	
	Check	n 1 year before you filed for bankrupt and fill in the details below		erty repossessed, f	oreclosed, garnis	hed, attached	I, seized, or levied?	
		es. Fill in the information below.						
	Cred	itor Name and Address	Describe the Property		Date		Value of the property	
			Explain what happene	d			ргоролу	
i	accou ■ N	n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details.		luding a bank or fii	nancial institution	, set off any a	mounts from your	
	Cred	itor Name and Address	Describe the action the	e creditor took	Date a	action was	Amount	
	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
 		√os						
Part	5:	List Certain Gifts and Contributions						
13. <b>\</b>		n 2 years before you filed for bankrup	etcy, did you give any gift	s with a total value	of more than \$600	per person?	?	
Ī		es. Fill in the details for each gift.						
	Gifts	with a total value of more than \$600 person	Describe the gifts		Dates the gi	you gave fts	Value	
	Perso	on to Whom You Gave the Gift and						

Address:

Case 23-10647-mdc Doc 12 Filed 04/18/23 Entered 04/18/23 13:39:34 Desc Main Page 36 of 45 Document Debtor 1 Lisa Tranausky Case number (if known) 23-10647 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Young, Marr & Associates, LLC Attorney fees and filing fee \$313.00 3554 Hulmeville Road Suite 102 Bensalem, PA 19020 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment Address transferred or transfer was made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Date transfer was

made

П

Address

Yes. Fill in the details. Person Who Received Transfer

Person's relationship to you

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19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)										
	■ No □ Yes. Fill in the details.										
	Name of trust	Description and v	Description and value of the property transferred								
Dai	art 8: List of Certain Financial Accounts, Ins	struments. Safe Denosi	t Boyes and St	torage Unit	te.		ade				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.										
	■ No	·									
	Yes. Fill in the details.										
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	ı	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed for	r bankruptcy, a	ny safe de <sub>l</sub>	posit box or other dep	ositor	y for securities,				
	■ No										
	Yes. Fill in the details.										
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents		Do you still have it?				
22.	Have you stored property in a storage unit of	or place other than your	r home within 1	l vear befor	re you filed for bankru	ntcv2					
۷۷.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?										
	No Superior Control of the Control o										
	Yes. Fill in the details.	Who also has an I	h	Dagariha	the contents		Da waw atill				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		ss Describe the contents			Do you still have it?				
Pa	art 9: Identify Property You Hold or Control	for Someone Else									
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	ude any proper	rty you bor	rowed from, are storin	g for,	or hold in trust				
	■ No										
	Yes. Fill in the details.										
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value				
Ρa	art 10: Give Details About Environmental Info	,									
For	r the purpose of Part 10, the following definition	ons apply:									
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these	ne air, land, soil, surfac	e water, ground								
	Site means any location, facility, or property to own, operate, or utilize it, including dispo	•	environmental	law, wheth	er you now own, opera	ate, or	utilize it or used				
	Hazardous material means anything an envi		as a hazardous	s waste, ha	zardous substance, to	xic su	ıbstance,				

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Lisa Tranausky Case number (if known) 23-10647

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25. Have you notified any governmental unit of any release of hazardous material?									
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or admini	istrative proceeding under any envir	onmental law? Include settlements a	ind orders.					
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	11: Give Details About Your Business or Con	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	, did you own a business or have any	of the following connections to any	business?					
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company	y (LLC) or limited liability partnership	(LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	utive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
	☐ Yes. Check all that apply above and fill in	the details below for each business.							
	Business Name Do	escribe the nature of the business	Employer Identification number						
		ame of accountant or bookkeeper	Do not include Social Security number or ITIN.						
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
	■ No								
	Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued							

page 6

Debtor 1 Lisa Tranausky Case number (if known) 23-10647 Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lisa Tranausky Lisa Tranausky Signature of Debtor 2 Signature of Debtor 1 Date April 18, 2023 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 23-10647-mdc Doc 12 Filed 04/18/23 Entered 04/18/23 13:39:34 Desc Main Document Page 44 of 45

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Eastern District of Pennsylvania

In re	Lisa Tranausl	ку			Case No.	23-10647
				Debtor(s)	Chapter	13
	DIS	CL	OSURE OF COM	IPENSATION OF ATTORNI	EY FOR DE	EBTOR(S)
	compensation paid to	o me	within one year before th	2016(b), I certify that I am the attorney for a filing of the petition in bankruptcy, or agation of or in connection with the bankrupt	greed to be paid	to me, for services rendered or to
	For legal service	es, I ł	nave agreed to accept		\$	5,000.00
	Prior to the filir	ng of t	this statement I have rece	eived	\$	0.00
	Balance Due				\$	5,000.00
2.	The source of the co	mpen	sation paid to me was:			
	Debtor		Other (specify):			
3.	The source of compe	ensati	on to be paid to me is:			
	Debtor		Other (specify):			
4.	■ I have not agree	d to sl	hare the above-disclosed	compensation with any other person unless	ss they are mem	bers and associates of my law firm
				npensation with a person or persons who a he names of the people sharing in the com		
5.	In return for the abo	ve-di	sclosed fee, I have agreed	d to render legal service for all aspects of t	he bankruptcy c	ase, including:
	b. Preparation and f c. Representation o d. [Other provision: Negotiation	iling f the of as as no ons vion a	of any petition, schedules debtor at the meeting of c eeded] with secured creditors	rendering advice to the debtor in determing, statement of affairs and plan which may creditors and confirmation hearing, and an as to reduce to market value; exemptications as needed; preparation and	be required; y adjourned hea tion planning;	rings thereof;
				ection 341a meeting by independent es on a regular basis for Young, Ma		
	Client has	paid	d the filing fee costs of	of \$313 to Counsel in advance of fili	ng.	
6.	Represen to dismis	tatio s, mo	n of the debtors in an otions for approval of	sed fee does not include the following serving dischargeability actions, relief from loan modifications or short sales, a red after Confirmation of Chapter 13	om stay actior any other adv	
				CERTIFICATION		
	I certify that the fore ankruptcy proceeding		g is a complete statement	of any agreement or arrangement for payr	ment to me for re	epresentation of the debtor(s) in
Δ	pril 18, 2023			/s/ Paul H. Young, Es	quire	
	Pate			Paul H. Young, Esqui		
				Signature of Attorney Young Marr & Associ	ates	
				3554 Hulmeville Rd S		
				Bensalem, PA 19020 (215) 639-5297 Fax: ( support@ymalaw.cor		<b>1</b>
1				Name of law firm		

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### United States Bankruptcy Court Eastern District of Pennsylvania

In re	Lisa Tranausky	Debtor(s)	Case No. Chapter	23-10647 13	
	VE	RIFICATION OF CREDITOR M	IATRIX		
The ab	ove-named Debtor hereby verifi	es that the attached list of creditors is true and cor	rect to the best	of his/her knowledge.	
Date:	April 18, 2023	/s/ Lisa Tranausky			

**Lisa Tranausky**Signature of Debtor